

2016

Community Benefit Plan



Tarzana Treatment Centers, Inc.

18646 Oxnard Street, Tarzana, CA 91356

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GENERAL INFORMATION

A. Background

Tarzana Treatment Centers, Inc. (TTC) is a private, nonprofit community-based organization that operates full-service behavioral healthcare programs and primary medical care clinics. TTC operates a total of 12 facilities throughout Los Angeles County that are all licensed by the State of California and the County of Los Angeles, and accredited by The Joint Commission. Since the launch of healthcare reform nationwide, TTC's central focus has been on the development of integrated care among primary care, mental health, and substance use disorder (SUD) treatment. TTC operates two HIV specialty clinics located in Reseda and Palmdale as well as six primary care clinics located in Granada Hills, Lancaster, Northridge, Palmdale, Reseda, Tarzana, and Van Nuys, which are licensed as community clinics. Mental health services include psychiatric stabilization at the inpatient facility in Tarzana and outpatient mental health programs in Reseda and Northridge. TTC's 60-bed inpatient facility in Tarzana is licensed as an acute psychiatric hospital and therefore falls under the legislative umbrella of SB 697, which mandates that not-for-profit hospitals submit a Community Benefit Plan on a yearly basis. This document is prepared in compliance with this legislative mandate.

B. Organizational Structure

TTC is governed by a volunteer board of directors, involving community stakeholders and executives. The board is responsible for setting policy on patient care operations, finances and community benefits. TTC's highly trained multi-disciplinary team of professionals is comprised of physicians, psychiatrists, psychologists, physician assistants, nurses, medical assistants, licensed clinical social workers, marriage/family therapists, certified chemical dependency counselors and a variety of other professionals dedicated to providing services to individuals with dignity and utmost respect, without social, cultural, political, sexual orientation or financial prejudice.

C. Mission & Vision

The mission of TTC is to provide high quality, integrated healthcare for substance use disorders, mental illness, and other chronic physical health disorders that improves the quality of life and health of patients, regardless of financial resources, and contributes to a reduction in the total cost of healthcare, negative social impacts and criminal justice involvement.

TTC provides the highest level of quality treatment at reasonable cost to the individual. Our services reflect our belief in individual dignity and diversity of our staff and patients. We practice advocacy on federal, state and local levels to reduce stigma and promote consumer involvement in the design and development of services. Our continuum of care demonstrates the value of service integrity. These values drive Tarzana's commitment to progress and innovation.

The vision of Integrated Behavioral Healthcare is fundamental to how TTC provides services to

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patients. TTC recognizes that substance use and mental health disorders frequently co-occur and that effective treatment of each requires that both disorders be treated together, which requires comprehensive services ranging from inpatient, residential, day treatment, outpatient care to sober housing. Patients are frequently impacted by chronic diseases (such as Diabetes, Hypertension, HIV/AIDS, and Hepatitis) which require wrap around services outside the traditional modalities including case management and therapeutic follow-up.

COMMUNITY HEALTH NEEDS ASSESSMENT

In compliance with the mandates of SB 697 and the Patient Protection and Affordable Care Act section 501(r), Tarzana Treatment Centers, Inc. (TTC) is required to conduct a community health needs assessment that identifies and addresses key issues of the defined community every three (3) years.

The [2015 Community Health Needs Assessment](#) will be utilized as the basis for program planning for the next fiscal year. The report is publically available on [TTC's website](#).

A. Definition of Community

TTC primarily serves residents of Los Angeles County. Our licensed 60-bed inpatient facility, located in Tarzana, is primarily for chemical dependency detoxification and treatment, followed by dual diagnosis and psychiatric treatment. In addition, primary care services are provided in our clinics located in Granada Hills, Lancaster, Northridge, Palmdale, Tarzana, Van Nuys, as well as HIV clinics located in Reseda and Palmdale. Our community benefit plan aims to address physical, behavioral and mental health issues within the context of the broader perceived needs of our clients.

Los Angeles County (LAC) is divided into eight (8) service planning areas (SPAs) based on geographic region for the purpose of the development and coordination of public health and medical services within the County.¹ The location of our inpatient facility falls in Service Planning Area 2 (SPA 2), which includes the San Fernando Valley (SFV) and Santa Clarita Valley (SCV). The immediate service area of the inpatient facility covers the most cities in the western half of SFV, including Burbank, Calabasas, Canoga Park, Chatsworth, Encino, Glendale, Granada Hills, Mission Hills, La Cañada Flintridge, La Crescenta, North Hills, North Hollywood, Northridge, Pacoima, Panorama City, Porter Ranch, Reseda, San Fernando, Sherman Oaks, Studio City, Sunland, Sun Valley, Sylmar, Tarzana, Tujunga, Universal City, Van Nuys, Valley Village West Hills, Westlake Village, Winnetka, and Woodland Hills.

SPA 2 is approximately 1,000 square miles in area, and is the most populous of the eight (8) SPAs with over two (2) millions residents. It is foreseeable that TTC's inpatient facility will serve an

¹ <http://publichealth.lacounty.gov/chs/SPAMain/ServicePlanningAreas.htm>

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incremental larger proportion of patients from the immediate geographic area as well as all other SPAs of Los Angeles County as a result of healthcare expansion and reform.

B. Development of Community Health Needs Assessment (CHNA)

TTC's Data, Evaluation and Grants team, part of its Program Development Department, was responsible for developing the 2015 CHNA. The planning phase involved weekly meetings to review data collection tools, discuss the data collection process and timeline, and other aspects of completing the needs assessment.

The CHNA process involved designing the assessment tools, collecting primary and secondary data, and then analyzing this data collectively to present the current health status of the SPA 2 community and Los Angeles County overall, and arrive at a final list of health needs TTC plans to address in the following years.

Data collection included (a) a thorough review of primary and secondary demographic data, as well as secondary epidemiological data, (b) a survey of patients receiving mental health and addiction services at TTC, (c) focus groups of patients receiving mental health and addiction services at TTC, and (d) key informant interviews with community partners that are engaged in addressing health needs in the San Fernando Valley (SFV) and greater Los Angeles County.

The patient survey was revised from a prior version used in TTC's 2012 CHNA. The patient survey included a breadth of health related topics, such as: perceived health status of self; physical limitations; utilization of medical services in the last 12 months; risk behaviors in the last 30 days; and the significant community health needs.

The purpose of the key informant interview was to inquire about the health needs of the community from the perspective of some of TTC's community partners who represent the minority and low-income populations they serve in the SFV.

Focus groups were incorporated for the first time in the 2015 CHNA data collection process so TTC patients could provide additional perspectives on health needs, or elaborate on the ones identified in the survey. Questions asked during the focus group sessions related to the perception of their overall health, describing health issues of the communities where they live, how community issues affect health, and possible solutions to these issues.

C. Community Profile

The gender identification of SPA 2 residents is 50.5% female and 49.5% male. In terms of the age distribution of SPA 2 residents, 65.2% are adults age 18-64, 21.9% are children ages 0-17 years, and 12.9% are seniors ages 65 and over. The population of SPA 2 is racially and ethnically diverse. Approximately 55% of SPA 2 residents are minority population. Compared to other service planning areas, SPA 2 has a slightly higher percentage of Caucasians (44.6%). In addition, SPA 2 residents are: 40.2% Latino/a; 11.6% Asian or Pacific Islander; 3.5% African

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Americans; and 0.2% American Indian/Alaskan Native.² The Latino population represents the largest minority group in both San Fernando Valley (SFV) and Santa Clarita Valley (SCV) of SPA 2. San Fernando, Pacoima, Sylmar, Sun Valley and Panorama City are the uppermost communities in SFV with highest percentage of Latino residents.³

SPA 2 residents have a great variation in socioeconomic status and health characteristics. Education is one of the factors that may indicate an individual's socioeconomic status and degree of knowledge in making choices for his/her physical, mental, and social well-being. According to US Census data for the SPA 2 region, approximately 20% of population age 25 and older does not have a high school diploma.⁴ Pacoima, San Fernando, Panorama City, Sylmar, Sun Valley, Mission Hill and North Hills are the topmost communities in SFV with large percentage of individuals without a high school diploma.⁵

Employment status and level of income are other social determinants that affect an individual's health and well-being as well as access to health care. The unemployment rate of SPA 2 is approximately 20%, and 32% SPA 2 residents age 18-64 years do not have health insurance.⁶ In terms of household income, approximately 11% of household in SPA 2 reported annual earnings less than \$15,000, compared to 12% in LAC overall.

D. Results from the 2015 CHNA

One hundred twenty-seven clients completed the CHNA survey at TTC's Inpatient Facility. A majority (66.7%) identified as male, and 33.3% identified as female. The racial/ethnic breakdown is as follows: 63.8% White, 22.3% Latino, 9.2% Black/African American, 1.5% American Indian, 0.8% Asian, and 0.8% Pacific Islander.

In terms of employment status, a large percentage was either unemployed, or disabled and unable to work. Specifically, respondents were 10.3% employed part-time, 9.5% employed full-time, 7.9% self-employed, and 38.9% unemployed; in addition, 1.6% homemakers, 2.4% were student, 2.4% were retired, and 27.0% disabled/unable to work. Twenty one percent (21%) were at or below 138% FPL (Federal Poverty Level), and approximately 30% were at or below 100% FPL

In terms of health status, over a third of survey respondents considered the cost of care a major contributor accessing needed medical care (35.5%). In addition, 16.3% of respondents considered lack of insurance coverage a major contributor, followed by transportation (15.7%).

² [Los Angeles County Population Estimates as of July 1, 2015](#)

³ [Valley Care Community Consortium, 2013](#)

⁴ [US Census Bureau FactFinder, 2014 American Community Survey](#)

⁵ [Valley Care Community Consortium, 2013](#)

⁶ [US Census Bureau FactFinder, 2014 American Community Survey](#)

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The low frequency of receiving medical care can be expected from a population with 33% of respondents identifying as homeless before admission to the Inpatient Facility. Lack of a stable living arrangement can be a significant factor in accessing regular medical care. However, the most frequent issues that are addressed by a doctor or health professional are depression/other mood disorders (60.7%), and high blood pressure (34.8%).

Data from focus groups and key informant interviews illustrate that both substance use and mental health treatment services continue to be a persistent need in SPA 2. Target populations that are particularly vulnerable include children and transitional aged youth (TAY), homeless and LGBTQ communities. Other health needs shared by key informants and focus group participants include: limited affordable housing and housing quality, dental health, gang violence, chronic disease prevention and management, access to healthy food sources, access to health insurance and care for undocumented individuals/families, lack of job training services, limited transportation options, and lack of peer support programs for previously incarcerated individuals.

E. Pressing Health Needs Identified

A multi-step process was used to arrive at a final list of health needs for the CHNA. The steps included organizing a matrix of topics/themes by data source, then adding detailed context for each topic/theme as mentioned in each data source. A final review of the topics/themes according to each data source was completed, and included 1) common needs identified between all data sources, and 2) unique needs that TTC may be able to address given its current capacity. Based on TTC's 2015 CHNA survey results, the top six (6) health priorities are:

Priority 1. TTC will continue to provide the full continuum of SUD treatment services in the community with an emphasis on providing targeted outreach and engagement activities to TAY youth, homeless individuals and LGBTQ community.

Priority 2. TTC will continue to provide the full continuum of MH treatment services to address stigma and serious mental illness (SMI) in the community with an emphasis on increasing community knowledge and access to underutilized programs for children and youth such as EPSDT, PEI and mild to moderate services.

Priority 3. TTC's will assign to the existing CLAS Standards subcommittee the task of developing a plan to increase TTC's staff cultural competency via on-going CLAS standards staff training and development of a hiring and retention plan to increase TTC's staff bi-lingual (English/Spanish) language capability.

Priority 4. TTC will continue to implement its current patient tobacco cessation activities with an emphasis on impacting TAY youth and monitor adherence to TTC's tobacco written policy and procedure.

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Priority 5. TTC will continue focus on integrating behavioral health and medical care services by focusing on chronic diseases prevalent in the communities we serve (e.g. diabetes, obesity, asthma, high blood pressure, etc.) and it's interaction with SUD/MH. This includes addressing comorbidity and need to provide integrated and coordinated care via shared electronic charting and regular provider case communication and conferencing.

Priority 6. TTC will continue to provide benefits assistance to patients including education to under insured and undocumented patients who may be able to access primary medical care and/or behavioral health services via State benefits and/or local benefits such as MyHealthLA. TTC will seek to expand the number of patients seen in SUD treatment services under MyHealthLA.

COMMUNITY BENEFIT PLAN (FY 2016-2017)

A. Continuum of Care of SUD and Mental Health Treatment Services

Community input from the 2015 CHNA process indicated that SUD treatment remains a significant need, especially for TAY, homeless youth, and the LGBTQ community. In response, in the next fiscal year, TTC will plan to continue providing the full continuum of SUD treatment services with an emphasis on providing targeted outreach to homeless TAY, and LGBTQ community.

Mental health treatment services were also indicated through community input as a very significant for children and youth as well. The stigma of mental health issues was considered to be a significant barrier to seeking treatment, which can bring on or exacerbate depression and in turn, worsen health and wellness. These issues are particularly important for the children youth in SPA 2 who are still seen as requiring services, which fits with TTCs evaluation that mental health programs for children/youth are currently being underutilized. TTC will focus this fiscal year on increasing the promotion and utilization of Early and Periodic Screening, Diagnosis and Treatment (EPSDT) and Prevention and Early Intervention (PEI) programs for children/youth, as well as mild to moderate services.

Additionally, individuals with co-occurring disorders still account for a large percentage of admissions to TTC's inpatient facility. In 2015, TTC has served a total of 988 patients with co-occurring disorders (COD) and about 80% completed treatment. These COD patients are largely male (66.2%), White (69.1%), and between 35 to 54 years old (42.3%). In addition, TTC's Inpatient Facility monitors patient perceptions of care via surveys on a regular basis. In 2015, most measures included in the survey achieved the 80% positive benchmark established by TTC.

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	2015 N=317
1. Overall structure of the program.	82%
2. Overall quality of care and services.	83%
3. Quality of dietary/food services.	73%
4. Quality of the housing & facilities.	80%
5. Quality of <u>group</u> counseling sessions.	75%
6. Quality of <u>individual</u> counseling sessions.	73%
7. Quality of <u>nursing</u> services.	84%
8. Quality of <u>medical</u> services.	78%
9. Quality of <u>Psychological</u> services you received from an Intern, Post-doc, or Psychologist.	76%
10. Quality of <u>Psychiatric</u> services.	69%
11. I have been treated with respect and dignity.	84%
12. I feel confidence and trust towards the staff.	83%
13. I feel the staff are courteous and friendly.	85%
14. The staff are respectful of my cultural background.	89%
15. Treatment has helped me deal with my <u>addiction</u> problem.	76%
16. Treatment has improved my <u>overall health</u> condition.	80%

TTC will continue to provide existing services and will increase focus on continuity of care and discharge planning to ensure transition and linkage to next level of SUD treatment and/or mental health and primary medical care. TTC staff will continue to be actively involved in community events with other providers in Service Area 2 (SPA 2) to address the needs of COD population. Mental health services will continue to be provided to youth, many of whom have co-occurring Substance Use Disorders in the outpatient setting. In addition, the pre- and post-doctoral training program for psychologists will continue and psychiatric service hours will be increased to meet growing demand for psychiatric services. Specialized mental health and psychiatric services will continue to be provided to HIV+ substance abusers.

B. Increase Staff Cultural Competence

TTC plans to continually improve and maintain excellent Cultural and Linguistically Appropriate Services (CLAS) standards in all its treatment services, programs, clinics and other facilities. The Joint Commission, in accordance with the U.S. Department of Health and Human Services (HHS),

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requires the provision of CLAS as part of its Hospital Accreditation Standards for TTC.⁷

In fiscal year 2016, TTC will assign to its existing CLAS Standards subcommittee the task of developing a plan to increase TTC's staff cultural competency via on-going CLAS standards staff training, and the development of a hiring and retention plan to increase TTC's staff bi-lingual (English/Spanish) language capability. These internal standards will help meet the needs of our diverse patients through advancing health equity, and improving quality of care.

C. Tobacco Control

In 2015, TTC admission staff screened 100% of all patients for smoking behavior at admission to treatment. 100% of patients who acknowledged smoking behavior at admission to treatment were referred to the 1-800-NOBUTTS hotline. This is a standard that continues to be implemented at all admissions to treatment. Furthermore, 100% of TTC patients who reported smoking and interest in tobacco cessation assistance received brief tobacco cessation intervention. Approximately 8% did not report smoking at discharge. For those who continued smoking at discharge in 2015, 25% reported receiving assistance quitting while in treatment.

In fiscal year 2016, TTC will continue to monitor the implementation of the Tobacco Control Project and will routinely screen for tobacco use upon admission to a TTC program and/or in an outreach event. Tobacco users will be referred to our project staff to determine the most appropriate services to assist them in quitting. Services including smoking cessation classes, support groups and small group sessions as well as individual counseling will continue to be offered at no cost to clients in alcohol and drug treatment and to members of the community at large.

D. Chronic and Infectious Diseases Prevention and Referrals

Drug use is a significant risk factor for disease, and is associated with risk behaviors such as the sharing of contaminated needles and other drug paraphernalia and unsafe sexual practices that contribute to transmission of certain infectious diseases. In FY2015-16, TTC performed a total of 1,038 Hepatitis C rapid testing and a total of 1,051 HIV testing to at-risk individuals at primary care clinic in Granada Hills, Northridge and at the inpatient facility in Tarzana. Seventy three (56) HCV positive and seven (7) HIV positive patients were referred to Reseda and Palmdale clinics and other clinics within Los Angeles County for treatment. For clients that tested HCV or HIV negative, brochures and pamphlets on HIV and HCV are provided and are referred to their counselors to learn more about HIV and HCV prevention and treatment.

⁷ <https://www.jointcommission.org/assets/1/6/Crosswalk-CLAS-20140718.pdf>

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As one of the largest substance treatment provider in SPA 2 of Los Angeles County, our professional and well-trained staff is highly sensitive to individuals with infectious diseases. TTC will continue reaching out to the community we serve and provide infectious disease screening (such as HIV and HCV rapid testing), preventive counseling and referrals to a specialist.

TTC was recently awarded grant funding from the California Department of Public Health to provide Pre-exposure Prophylaxis (PrEP) navigation services. The funding will allow TTC to provide PrEP at all TTC clinics, conduct outreach to targeted populations, assess and refer TTC clients to appropriate care and testing, and also educate staff and patients on PrEP at all TTC sites. Project implementation is ongoing, with the goal of referring 250 TTC patients to PrEP navigation services by the end of fiscal year 2016.

E. Benefits Application Assistance

Uninsured individuals are mandated to purchase affordable health care coverage through the Affordable Care Act (ACA). As a certified enrollment entity (CEE) as part of Covered California, TTC's certified enrollment counselors (CEC's) are able to assist individuals in applying for insurance. In Fiscal Year 2015, 100% of TTC patients were screened for health benefits, and 100% of TTC patients eligible for health benefits received benefits assistance.

In fiscal year 2016, TTC will continue to provide benefits assistance to patients including education to under insured and undocumented patients who may be able to access primary medical care and/or behavioral health services via State benefits and/or local benefits such as MyHealthLA. TTC will seek to expand the number of patients seen in SUD treatment services under MyHealthLA.

F. Continued Community Outreach Services

TTC will continue to offer integrative behavioral health care and educational classes to our target populations and the broader community, and contribute in-kind support to a variety of organizations, with priority given to those that are directly health related and support the community in SPA 2. Additionally, TTC will continue to collaborate with local colleges in which students can be properly prepared and trained to achieve their career goal through our internship programs. We utilize accrual method of accounting. Indirect costs are allocated based on various statistical methods. Based on the estimation, TTC will contribute \$1,060,960.35 in direct monetary contributions, contributions in-kind, and professional services to the community at large.

COMMUNITY BENEFIT REPORTING

TTC strives to provide benefits to the community at large by offering an assortment of services and encouraging community members to be actively involved in our programs that promote disease management, healthy living and maintenance of a wellness state. This community benefit report for fiscal year 2016-17 will be shared with internal and external stakeholders and those interested through:

- Reporting to TTC's Board of Directors
- Participating in community-based programs, events, and health fairs
- Maintaining a free copy of Community Benefit Plan on TTC website (www.tarzanatc.org) for public review. This website also provides comprehensive information about TTC's programs to benefit the community, as well as general health information
- Distributing free education brochures
- Exhibiting program displays/posters in the waiting area at our facilities
- Providing information about programs to patients while they are in our care
- Exhibiting program information at community health fairs and other events

TTC values community involvement in the development and evaluation of its programs. To obtain feedback, we will continue to use surveys, track attendance, solicit the opinions of program attendees, provide feedback to the leaders of our programs, evaluate requests for repeat programs, and incorporate suggestions for future topics.